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Bib Data Sheet

CONFIRMATION NO. 3862

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|-----------------------------|---------------------------------------|--------------|------------------------|--------------------------------------|
| SERIAL NUMBER 09/534,960 | FILING DATE 03/27/2000 RULE | CLASS 424 | GROUP ART UNIT 1615 | ATTORNEY DOCKET NO. 3940/OK188 |
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APPLICANTS

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IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 05/26/2000

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|---|-------------------------------|--------------------------------------|-----------------------|----------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY ISRAEL | SHEETS DRAWING | TOTAL CLAIMS 93 | INDEPENDENT CLAIMS 3 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | Verified and Acknowledged | Examiner's Signature <i>S. H.</i> | Initials | |

ADDRESS

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TITLE

CONTROLLED DELIVERY SYSTEM OF ANTIFUNGAL AND KERATOLYTIC AGENTS FOR LOCAL
TREATMENT OF FUNGAL INFECTIONS

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| FILING FEE RECEIVED 2364 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) |
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